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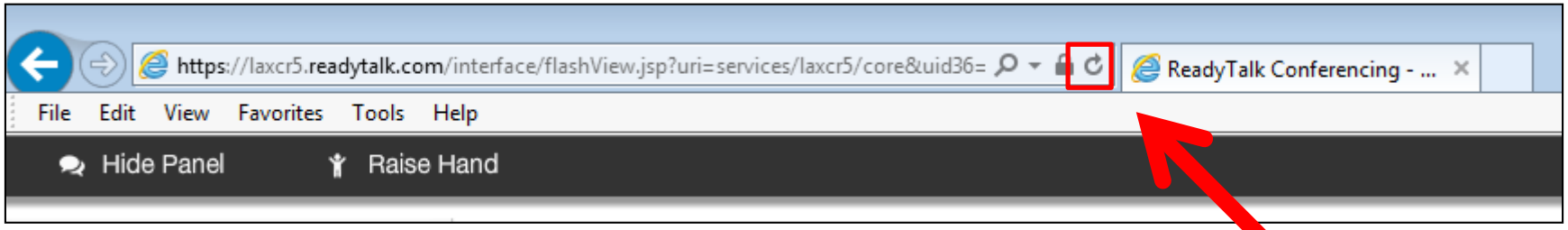
Audio from computer speakers breaking up?

Audio suddenly stop?
Click Refresh icon

– or –
Click F5

F5 Key
Top Row of Keyboard



Location of Buttons

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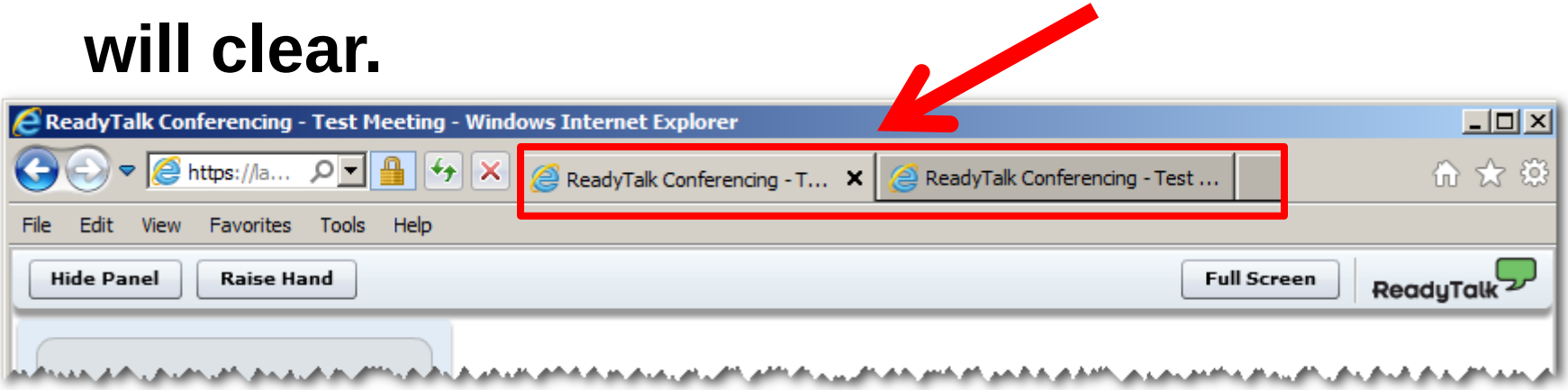
Troubleshooting Echo

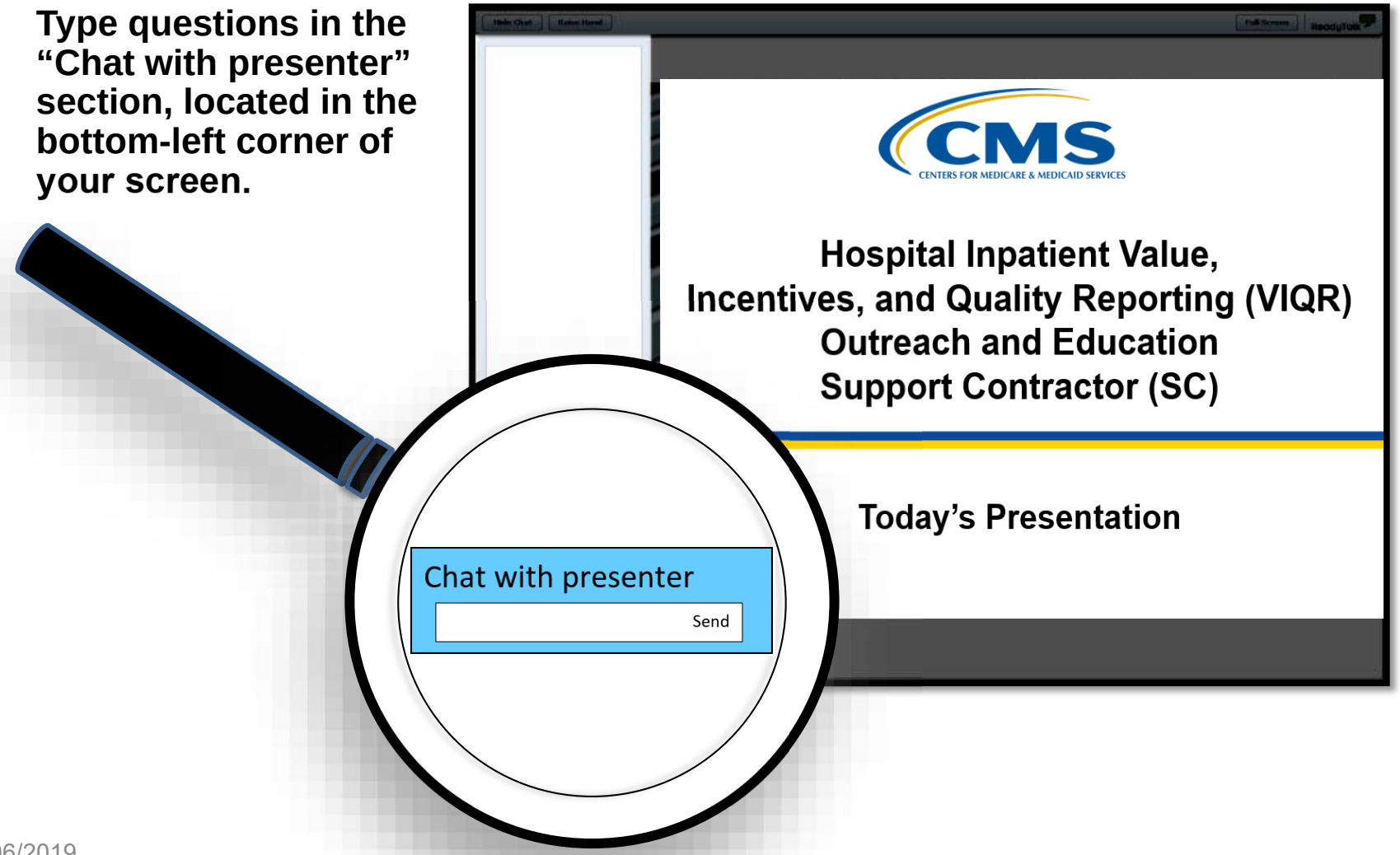
- **Hear a bad echo on the call?**
- **Echo is caused by multiple browsers/tabs open to a single event—multiple audio feeds.**
- **Close all but one browser/tab and the echo will clear.**



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the "Chat with presenter" section, located in the bottom-left corner of your screen.



Advancing the PCHQR Program: Exploring Aims, Goals, and Measures

Nekeshia McInnis, MSPH
Program Lead, PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
Quality Measurement and Value-Based Incentives Group (QMVIG)
Center for Clinical Standards and Quality (CCSQ), Centers for Medicare & Medicaid Services (CMS)

Lisa Vinson, BS, BSN, RN
Program Lead, PCHQR Program
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

June 6, 2019

Acronyms and Abbreviations

ADRD	Alzheimer's disease and related dementias
CAUTI	Catheter-Associated Urinary Tract Infection
CCSQ	Center for Clinical Standards and Quality
CDI	*Clostridium difficile* Infection
CE	continuing education
CJR	Comprehensive Care for Joint Replacement
CLABSI	Central Line-Associated Bloodstream Infection
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CST	Cancer-Specific Treatment
DME	durable medical equipment
E&M	evaluation and management
EBRT	External Beam Radiotherapy
eCQM	electronic clinical quality measure
ED	emergency department
EHR	electronic health record
EOL	End of Life
ESRD	end stage renal disease
HAI	healthcare-associated infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	healthcare personnel
HSAG	Health Services Advisory Group
ICU	intensive care unit
IDIQ	indefinite delivery/indefinite quantity
IT	information technology
MAC	Medicare Administrative Contractor
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
MIDS	Measure and Instrument Development and Support
MRSA	Methicillin-Resistant *Staphylococcus aureus*
NHSN	National Healthcare Safety Network
NQF	National Quality Forum
OCM	Oncology Care Measure
OCM	Oncology Care Model
PCH	PPS-Exempt Cancer Hospital
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PFS	Physician Fee Schedule
PPS	prospective payment system
PRO	Peer Review Organization
Q	quarter
QIC	Qualified Independent Contractors
SAFE	Scaled Agile Framework
SES	socioeconomic status
SRF	social risk factors
SSI	Surgical Site Infection
VA	Veterans Administration
VIQR	value, incentives, and quality reporting

Purpose

This presentation will provide an update on the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program aims, goals, and measures.

Objectives

Upon completion of this event, participants will be able to explain the present aims and goals for the PCHQR Program from the CMS perspective and understand how they relate to the current program measures.

CMS Strategic Goals

CMS Quality Strategy: Patients Over Paperwork

- CMS' top priority is putting patients first.
- CMS established an internal process to evaluate and streamline regulations to:
  - Reduce unnecessary burden.
  - Increase efficiencies.
  - Improve the beneficiary experience.
- Ultimately, CMS aims to:
  - Increase the number to satisfied customers.
  - Decrease the hours and dollars clinicians and providers spend on CMS-mandated compliance.
  - Increase the proportion of tasks that CMS customers can do in a completely digital way.

Meaningful Measures Framework

The Meaningful Measures Framework is a strategic tool for putting **patients over paperwork** by reducing measure-reporting burdens in alignment with the national healthcare priorities.

Meaningful Measures Framework

Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of Care
- Community Engagement

Make Care Affordable

Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes

Meaningful Measures Areas

There are 19 Meaningful Measures Areas and six quality priorities. The areas:

- Illustrate how the overarching quality priorities are being operationalized.
- Act as the connectors between CMS Strategic Goals and individual measures that demonstrate how high quality outcomes for CMS beneficiaries are being achieved.

Meaningful Measures Areas and National Quality Priorities

National Quality Priority	Meaningful Measures Area
Make Care Safer by Reducing Harm Caused in the Delivery of Care	Healthcare-Associated Infections
	Preventable Healthcare Harm
Strengthen Person & Family Engagement as Partners in their Care	Care is Personalized and Aligned with Patient's Goals
	End of Life Care According to Preferences
	Patient's Experience of Care
	Patient Reported Functional Outcomes
Promote Effective Communication & Coordination of Care	Medication Management
	Admissions and Readmissions to Hospitals
	Transfer of Health Information and Interoperability

Meaningful Measures Areas and National Quality Priorities continued

National Quality Priority	Meaningful Measures Area
Promote Effective Prevention & Treatment of Chronic Disease	Preventive Care
	Management of Chronic Conditions
	Prevention, Treatment, and Management of Mental Health
	Prevention and Treatment of Opioid and Substance Use Disorders
	Risk Adjusted Mortality
Work with Communities to Promote Best Practices of Health Living	Equity of Care
	Community Engagement
Make Care Affordable	Appropriate Use of Healthcare
	Patient-focused Episode of Care
	Risk Adjusted Total Cost of Care

Complexity and Burden

Complexity and Burden of Hospital Reporting

Between May and June 2018, 151 hospital staff and leadership shared their experiences with reporting information to external and regulatory entities. This graphic illustrates the reporting interactions that pull hospitals away from their central focus of patient care and the burden they experience.

REPORTING INTERACTIONS

A - Caring for Patients

Providing patients with coordinated healthcare

- A1 Sending patient health records, medical orders, and prescriptions to other providers, facilities, and suppliers

B - Accreditation and Certification

Establishing and maintaining compliance with patient health and safety requirements

- B1 Submitting corrective action plans for citations captured on Form CMS-2567 following an accreditation survey
- B2 Submitting corrective action plans for citations
- B3 Responding to complaint surveys conducted by the state on behalf of CMS

C - Quality Reporting

Abstracting, submitting, and improving performance on quality measures

- C1 Submitting core measures, Electronic Clinical Quality Measures (eCQMs), and hospital-acquired infection data
- C2 Submitting quality measures as required by Accrediting Organization
- C3 Submitting quality measures as required by the state
- C4 Submitting quality measures as required by other payers

D - Utilization and Case Management

Reviewing utilization of benefits and managing patient care across providers

- D1 Reviewing CMS coverage rules and guidance
- D2 Coordinating care with other providers and exchanging patient health records
- D3 Reviewing other payers' coverage and coordinating benefits

E - Cost Reporting

Gathering financial data, filing annual cost report, and settling accounts payable to or receivable from Medicare

- E1 Submitting cost report and filing cost report appeal

F - Coding, Billing, and Appeals

Coding patient records, billing payers, and appealing denied claims for reimbursement

- F1 Submitting claims, appeal letters, and documentation to MAC
- F2 Submitting claims, appeal letters, and documentation to other payers

G - Individual Provider Enrollment

Credentialing, verifying, and enrolling providers to bill to Medicare and Medicaid

- G1 Submitting credentials and application for state licensure
- G2 Submitting Medicaid provider enrollment application
- G3 Submitting provider enrollment application to commercial payers
- G4 Submitting Medicare provider enrollment application

Complexity and Burden continued

Burden Experienced

Varying Standards
Hospitals must balance varying requirements from multiple regulators. Interpreting and reconciling overlapping rules takes excessive time, resources, and brainpower. Hospitals wish their regulators could all get on the same page and write consistent standards.

Areas where this burden is felt most:

A B C D F G

Duplicative Reporting
Hospitals provide the same information to a number of entities in slightly different formats. This redundancy increases the complexity of reporting and associated costs. Due to its mostly clinical nature, duplicative reporting pulls clinicians off the floor into reporting tasks and roles.

Areas where this burden is felt most:

A B C D F G

Pace of Change
Hospitals are constantly reacting to new CMS rules. They develop new Electronic Health Record (EHR) modules, revise policies, and retrain staff. They want to slow down, plan proactively, and develop sustainable systems. At the same time, they expect standards to stay current with evidence-based care.

Areas where this burden is felt most:

A B C D F

Insufficient Dialogue
When hospitals seek to clarify CMS requirements, they often receive responses that cite the requirements—or hear nothing back at all. When hospitals want CMS to change something for the better, they feel like no one listens. Hospitals feel ignored and wish for more dialogue with CMS.

Areas where this burden is felt most:

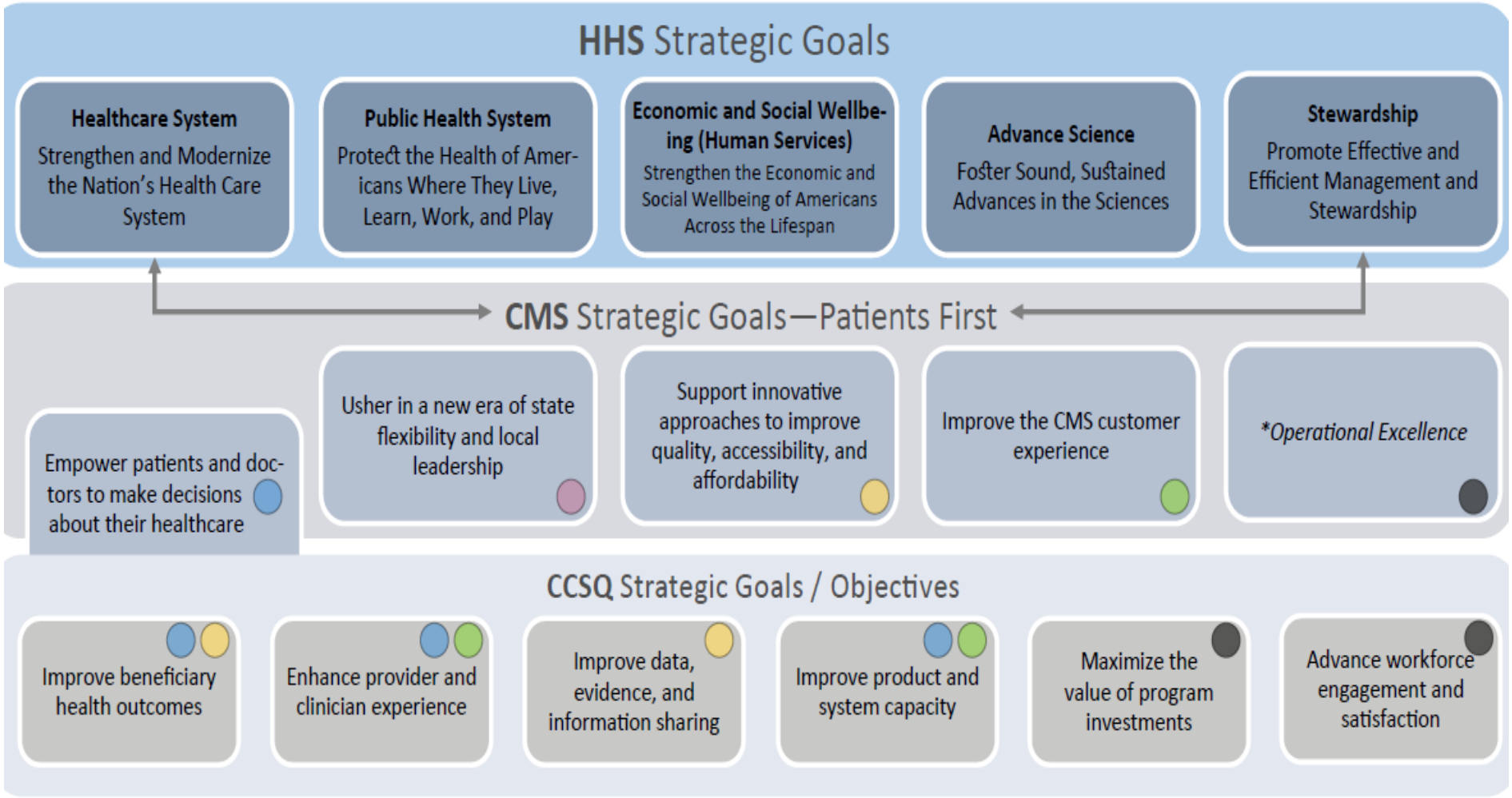
A B C D E F G

Lack of Transparency
Despite the volumes of requirements imposed by CMS, hospitals feel that CMS operates in an inscrutable "black box." They wish they had more visibility into CMS oversight methodologies and logic behind the requirements.

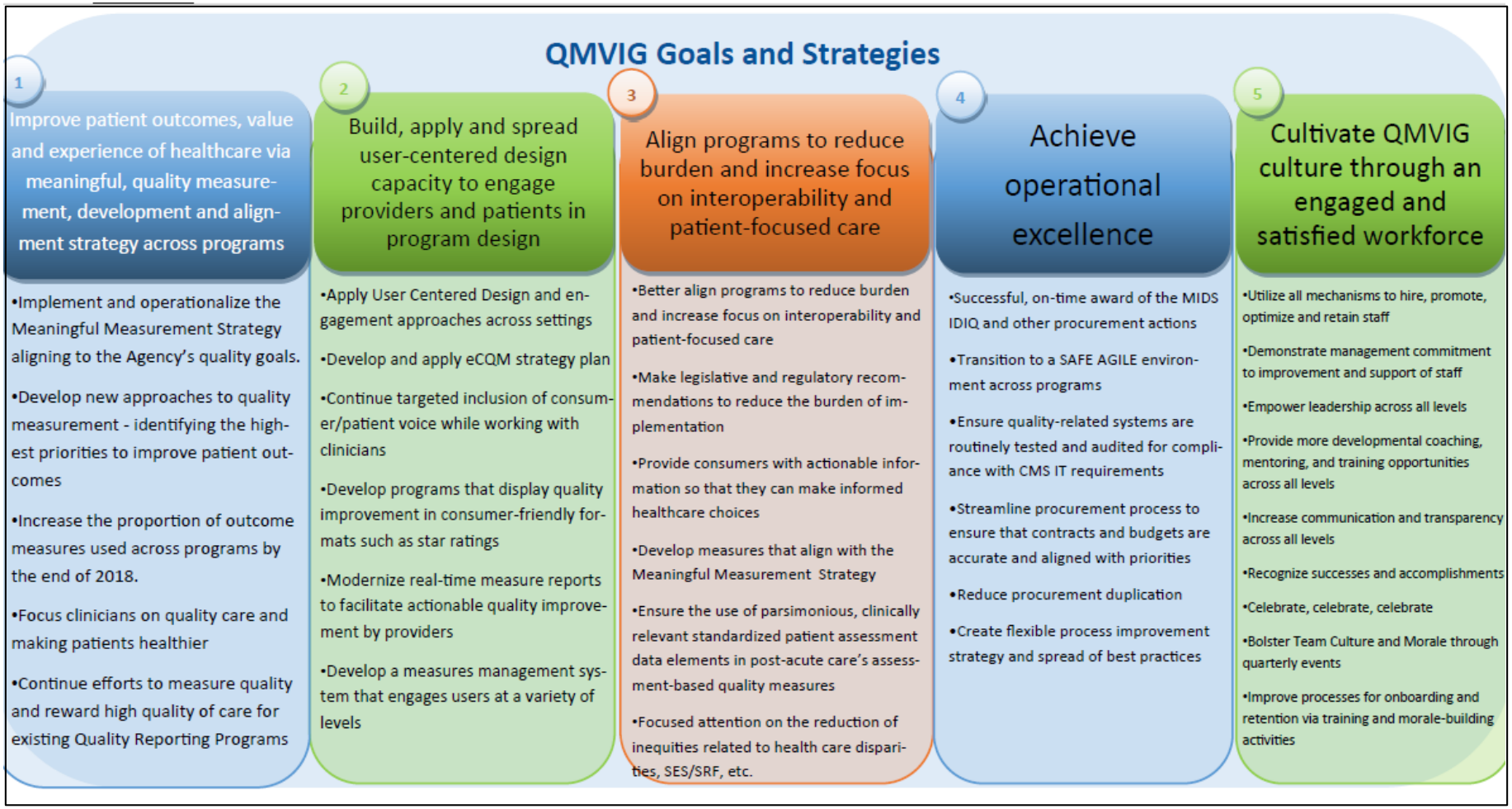
Areas where this burden is felt most:

A B C D E F

Focusing on Now



Focusing on Now continued



Program Measures

PCHQR Program Outcome Measures

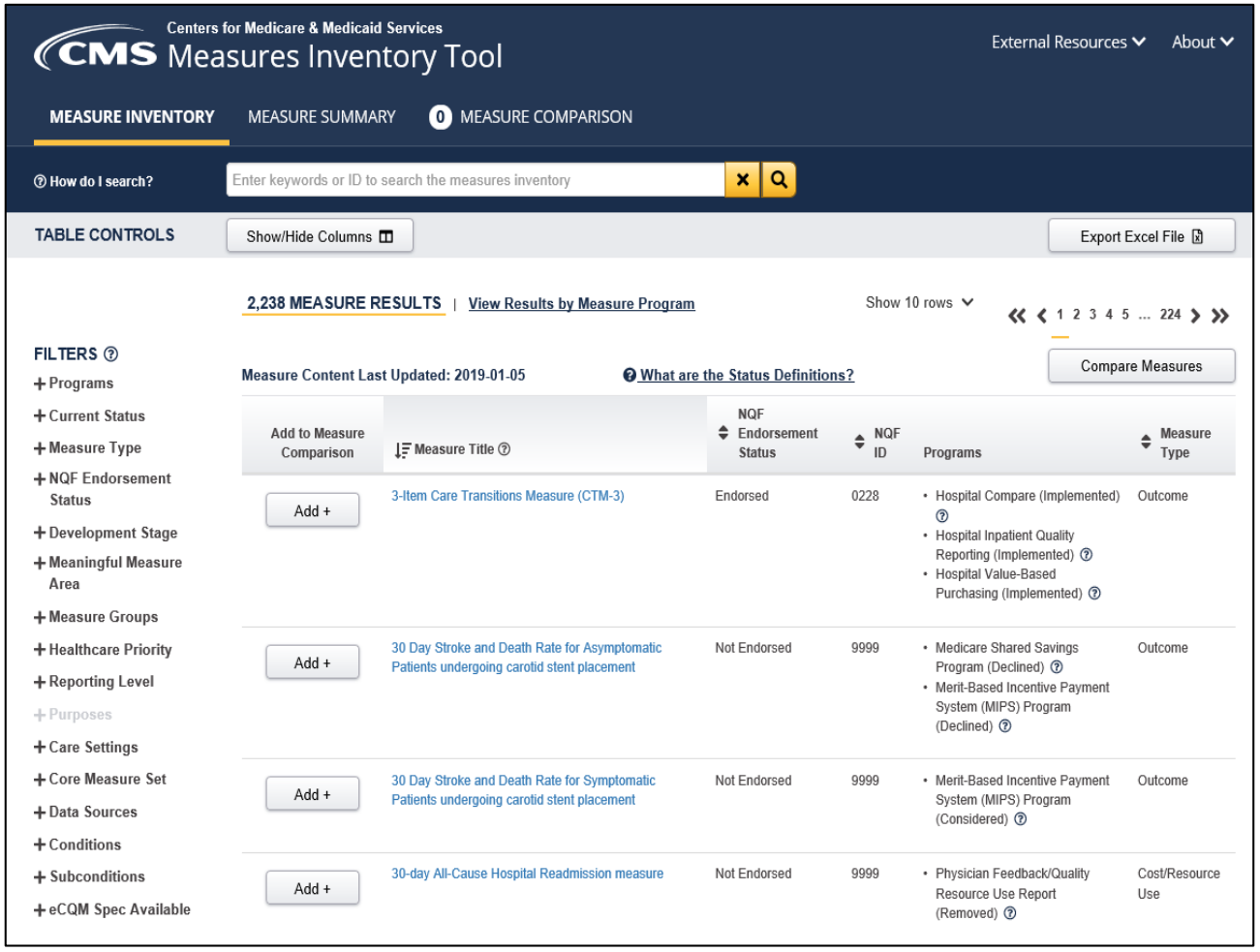
Measure Name	NQF #	Status	PCH #
National Healthcare Safety Network (NHSN) Central-line Associated Bloodstream Infection (CLABSI)	0139	Active	PCH-4
NHSN Catheter-Associated Urinary Tract Infection (CAUTI)	0138	Active	PCH-5
Harmonized Procedure Specific Surgical Site Infection (SSI) – colon and hysterectomy	0753	Active	PCH-6/PCH-7
NHSN Facility-Wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI)	1717	Active	PCH-26
NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia	1716	Active	PCH-27
Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)	0166	Active	PCH-29
Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy	N/A	Active	PCH-30/PCH-31
Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (End of Life [EOL]-Chemo)	0210	Active	PCH-32
Proportion of Patients Who Died from Cancer Admitted to the intensive care unit (ICU) in the Last 30 Days of Life (EOL-ICU)	0213	Active	PCH-33
Proportion of Patients Who Died from Cancer Not Admitted to Hospice (EOL-Hospice)	0215	Active	PCH-34
Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than Three Days (EOL-3DH)	0216	Active	PCH-35
30-Day Unplanned Readmissions for Cancer Patients	3188	Active	
Surgical Treatment Complications for Localized Prostate Cancer	N/A	Proposed	

PCHQR Program Process Measures

Measure Name	NQF #	Status	PCH #
Oncology: Radiation Dose Limits to Normal Tissues	0382	Removed	PCH-14
Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain	0383	Active	PCH-15
Oncology: Medical and Radiation – Pain Intensity Quantified	0384	Removed	PCH-16
Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer	0390	Removed	PCH-17
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	0389	Removed	PCH-18
External Beam Radiotherapy (EBRT) for Bone Metastases		Active	PCH-25
Influenza Vaccination Coverage Among Healthcare Personnel (HCP)	0431	Active	PCH-28

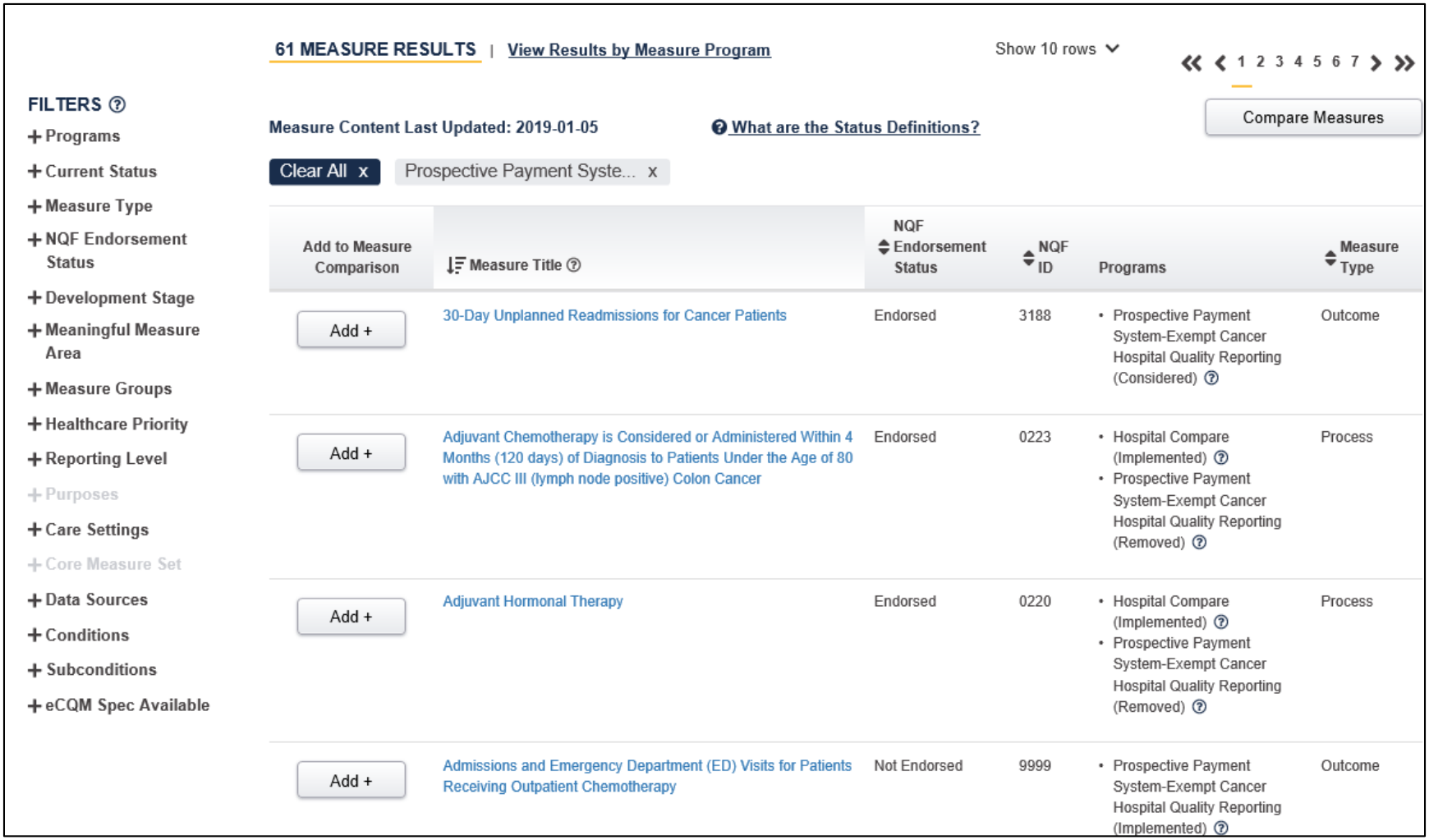
Measures Inventory Tool

[CMS Measures Inventory Tool]



Program Selection

Measure Results



PCHQR Program and Public Reporting

Hospital Compare

Spotlight

- Compare hospitals based on their overall star rating, which summarizes a variety of quality measures shown on Hospital Compare. Learn more.
- NEW Get hospital payment measures for 6 common types of clinical episodes in the downloadable databases.
- Get data on:
  - Veterans Administration (VA) hospitals. Updated February 2019.
  - NEW PPS-exempt cancer hospitals. Updated February 2019.

PCHQR Program Datasets

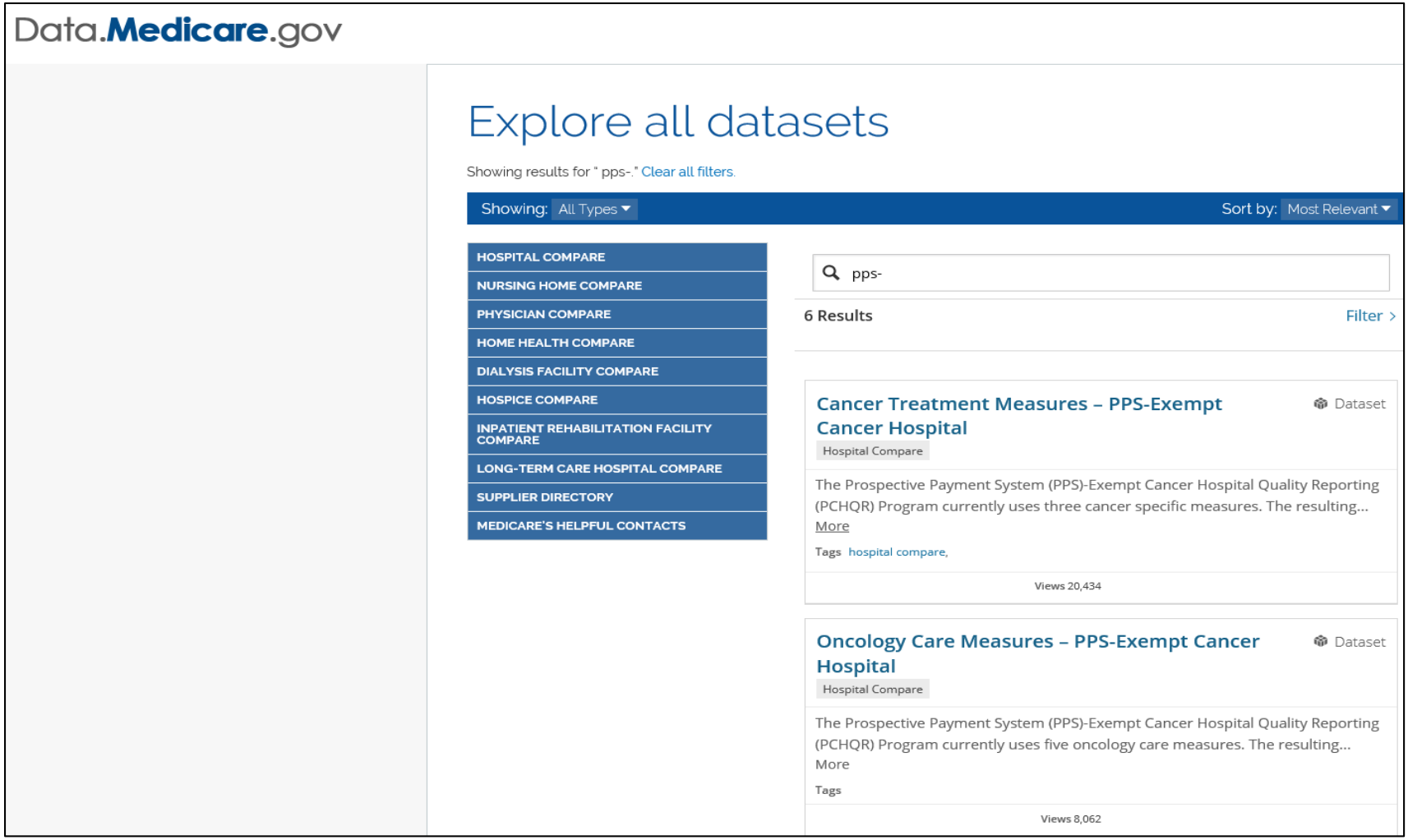
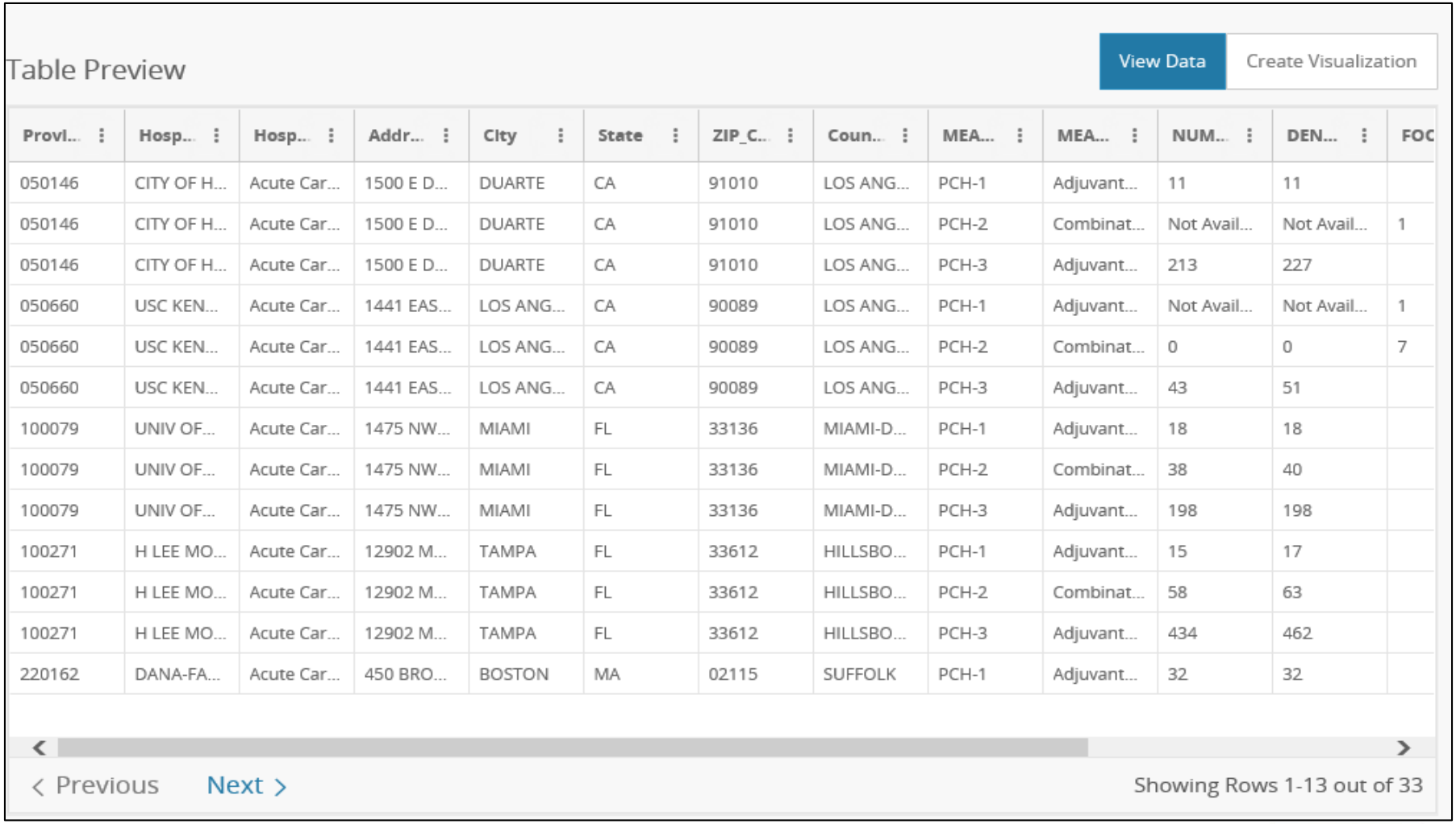
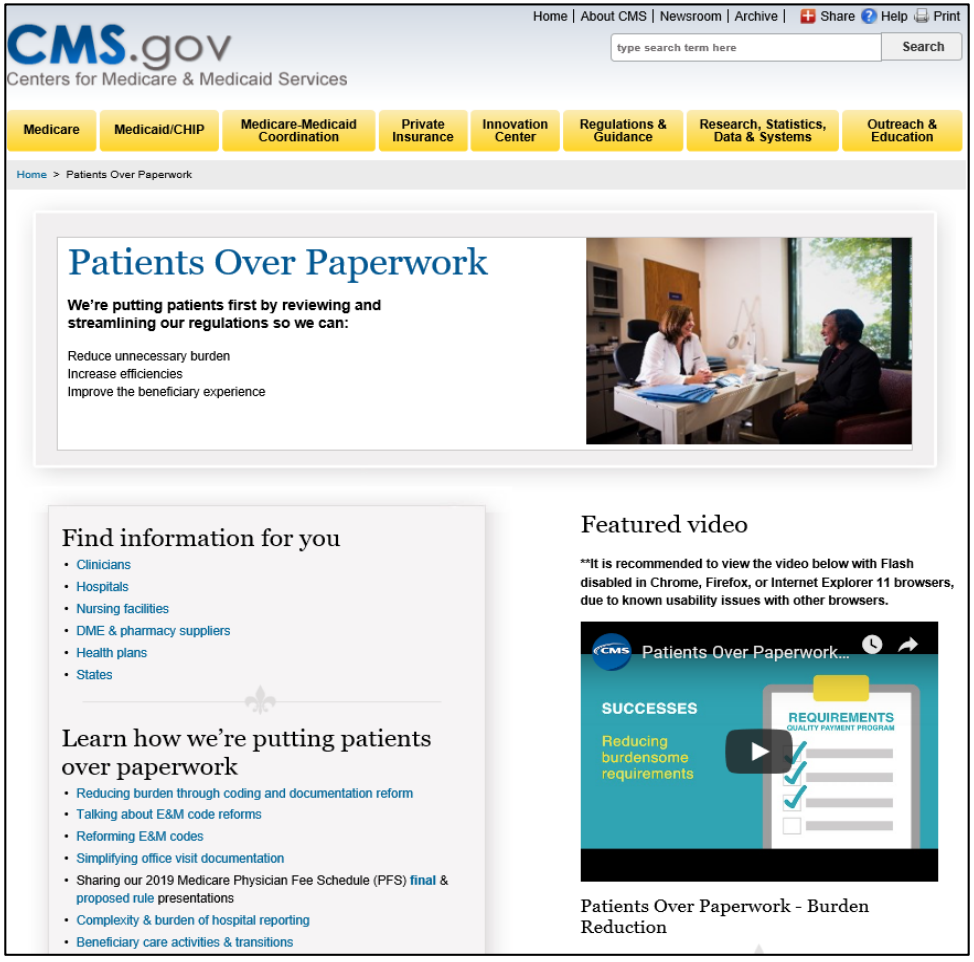


Table Preview



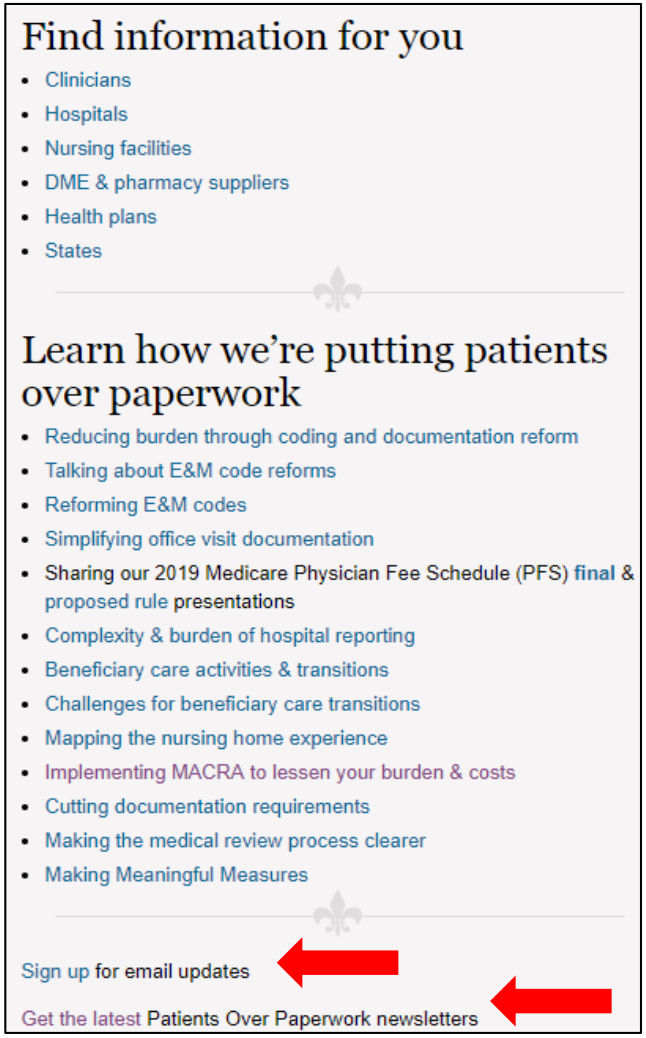
Patients Over Paperwork

Patients Over Paperwork



Resources

- Sign up for email updates.
- Sign up for Patient Over Paperwork Newsletters.



Find information for you

- Clinicians
- Hospitals
- Nursing facilities
- DME & pharmacy suppliers
- Health plans
- States

Learn how we're putting patients over paperwork

- Reducing burden through coding and documentation reform
- Talking about E&M code reforms
- Reforming E&M codes
- Simplifying office visit documentation
- Sharing our 2019 Medicare Physician Fee Schedule (PFS) final & proposed rule presentations
- Complexity & burden of hospital reporting
- Beneficiary care activities & transitions
- Challenges for beneficiary care transitions
- Mapping the nursing home experience
- Implementing MACRA to lessen your burden & costs
- Cutting documentation requirements
- Making the medical review process clearer
- Making Meaningful Measures

Sign up for email updates

Get the latest Patients Over Paperwork newsletters

Future Considerations

Patient-Reported Outcomes

- Collaborate with the Center for Medicare and Medicaid Innovation (CMMI) Comprehensive Care for Joint Replacement (CJR) Model Team to discuss:
  - Developing Peer Review Organization (PRO) Quality Measures
  - Sharing Lessons Learned
  - Linking CJR participant hospitals' performance on quality measures to payment
  - Publically reporting quality measure results for hospitals participating in CJR
  - Considerations for the PCHQR Program

CMS Cancer Program Partnerships

- CMMI
  - Oncology Care Model (OCM)
    - CMMI is pursuing the opportunity to further its goals of improved quality of care at the same or lower cost through an oncology payment model.
    - Five-year model (2016–2021) will test innovative payment strategies that promote high-quality and high-value cancer care.
    - **Episode Based Care** - Payment model targets chemotherapy and related care during a six-month period that begins with receipt of chemotherapy treatment.
    - **Emphasizes practice transformation** - Physician practices are required to implement “practice redesign activities” to improve the quality of care they deliver.
    - **Multi-payer model** – The model includes Medicare fee-for-service and other payers working in tandem to leverage the opportunity to transform care for oncology patients across the practice’s population.

CMS Affinity Groups

Qualified Independent Contractors (QICs) chartered cross-agency Affinity Groups to:

- Build cross-component collaboration
- Enhance health quality programs
- Produce impactful outcomes and demonstrate value
- Implement the CMS Quality Strategy Goals

CMS Affinity Groups

- Alzheimer's & Dementia and Palliative Care Affinity Groups
  - To foster engagement and collaboration of CMS stakeholders and external agency stakeholders to discuss issues relevant to palliative care
  - To align Alzheimer's disease and related dementias (ADRD) efforts across the agency
- Patient & Family Engagement Affinity Group
  - To create an inclusive, collaborative, and aligned national person and family engagement framework guided by person-centered values and drives genuine transformation in attitudes, behavior, and practice

Key Dates and Reminders

Upcoming Events and Deadlines

- **Events** – Save the Date
  - June 26, 2019
- **Data Submission Deadlines**
  - July 3, 2019
    - Q1 2019 HCAHPS Survey data
  - August 15, 2019
    - Q1 2019 hospital-associated infection (HAI) measure data
      - CAUTI, CLABSI, SSI, MRSA, CDI
    - Q1 2018–Q4 2018 Oncology Care Measure (OCM) and EBRT measure data

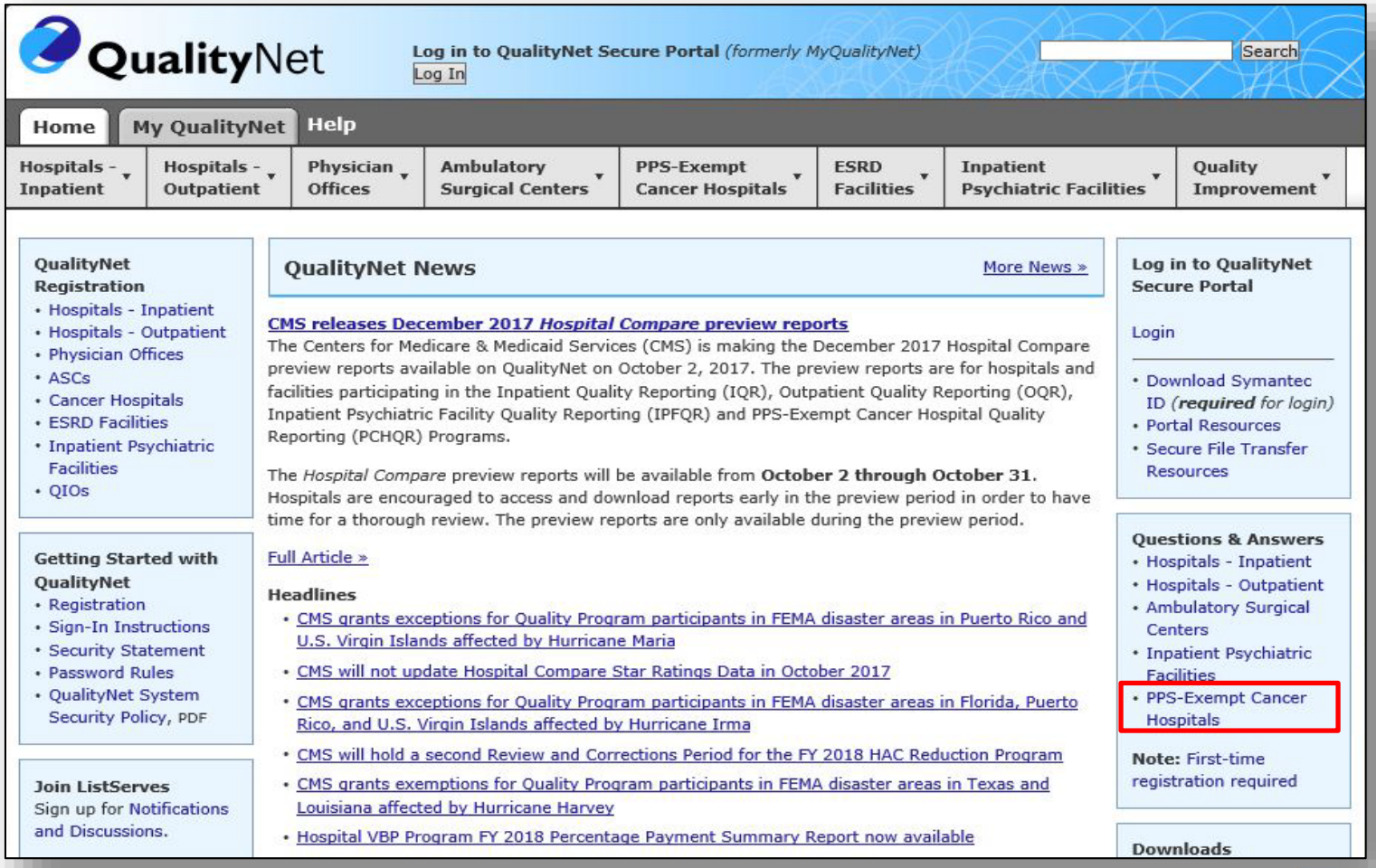
Hospital Compare

- **July 2019**
  - Q4 2016–Q3 2017 Cancer-Specific Treatment (CST) hormone data
  - Q4 2017–Q3 2018 HCAHPS Survey data
  - CST colon and breast data removed from *Hospital Compare*
- **October 2019**
  - Q1 2017–Q4 2017 CST hormone data
  - Q1 2018–Q4 2018 HCAHPS Survey data
  - Q1 2018–Q4 2018 MRSA, SSI, CDI data*
  - Q4 2018–Q1 2019 HCP data*

*Currently proposed for public display on *Hospital Compare* in the FY 2020 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Proposed Rule

Accessing the *QualityNet* Questions and Answers Tool

QualityNet Questions and Answers Tool



Continuing Education

CE Approval

This program has been approved for Continuing Education (CE) credit for the following boards:

National credit

- Board of Registered Nursing (Provider #16578)

Florida-only credit

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Registered Nursing
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

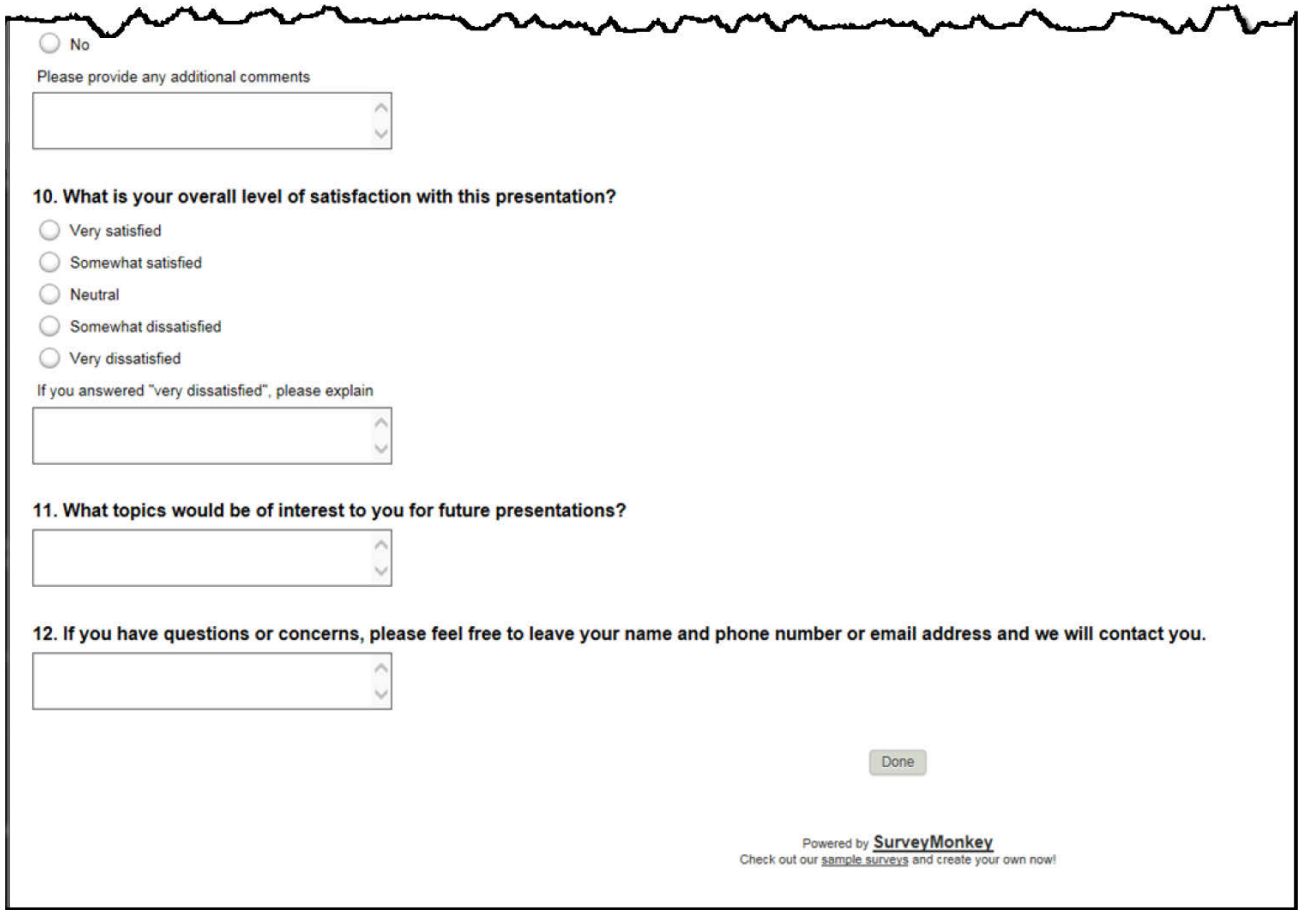
NOTE: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

CE Credit Process: Three Steps

1. Complete the ReadyTalk® survey that will pop up after the webinar.
2. Register on the HSAG Learning Management Center for the certificate.
3. Print out your certificate.

NOTE: An additional survey will be sent to all registrants within the next 48 hours.

CE Credit Process: Survey



No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

If you answered "very dissatisfied", please explain

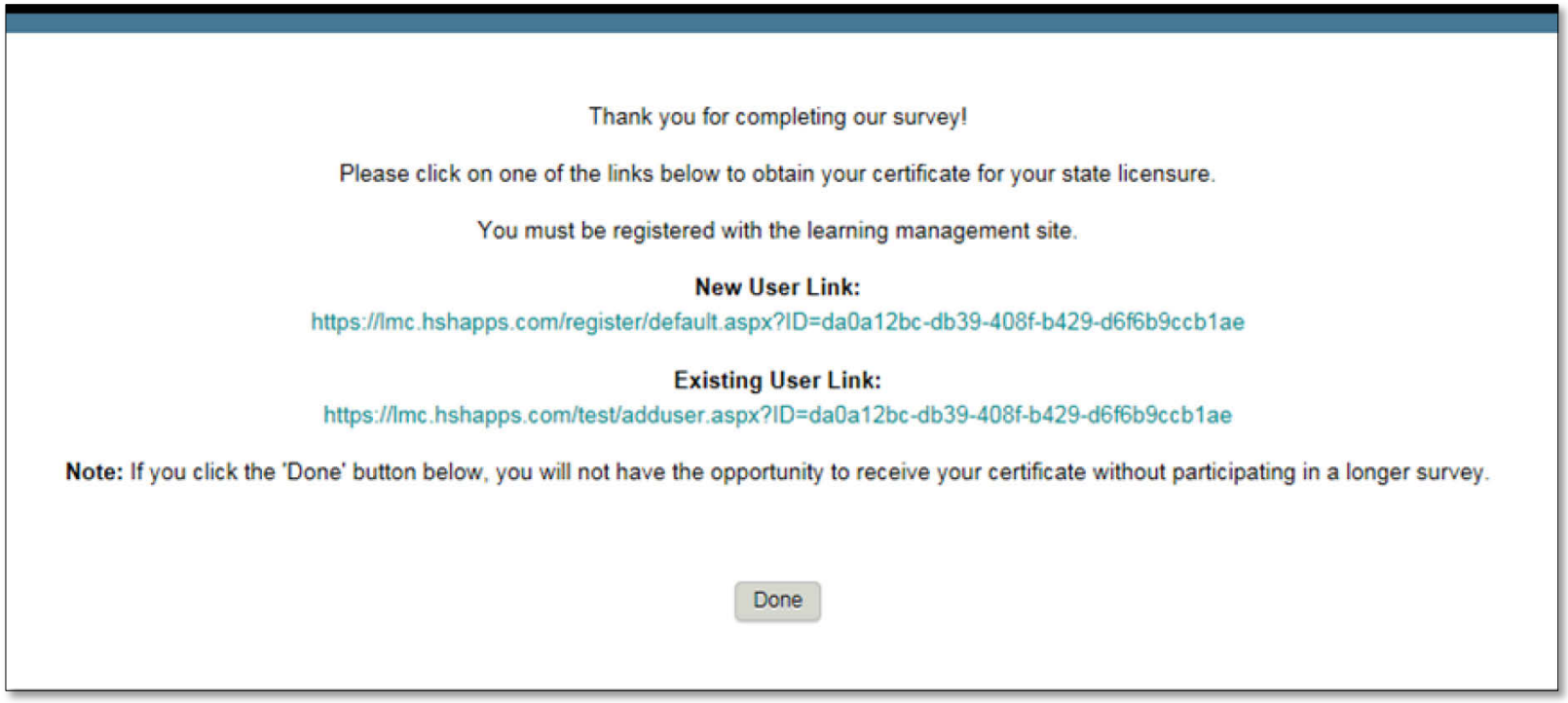
11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by SurveyMonkey
Check out our sample surveys and create your own now!

CE Credit Process: Certificate



Register for Credit

New User

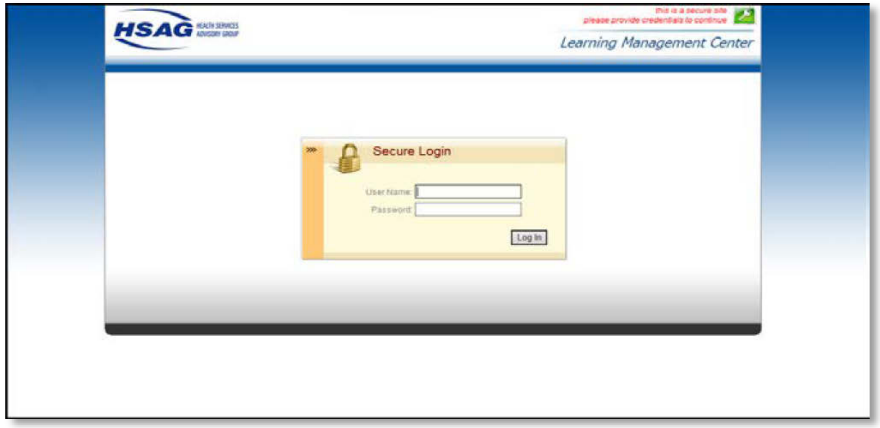
Use personal email and phone.

Go to email address and finish process.

Existing User

Entire email is your user name.

You can reset your password.



Closing Remarks

Closing Remarks

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